



**TEXAS DEPARTMENT OF PUBLIC SAFETY  
APPLICATION FOR CERTIFICATION OF  
IGNITION INTERLOCK DEVICE SERVICE CENTER**



Application for certification of an Ignition Interlock Device Service Center in  
the State of Texas is hereby made to:

Texas Department of Public Safety  
P.O. Box 4087  
Austin, Texas 78773-0543

<b>Interlock Device (mark one):</b>	<input type="checkbox"/> ACS	<input type="checkbox"/> ADS	<input type="checkbox"/> Best Labs	<input type="checkbox"/> CST	<input type="checkbox"/> Draeger	<input type="checkbox"/> Guardian	<input type="checkbox"/> Lifesafer	<input type="checkbox"/> Monitech	<input type="checkbox"/> Smart Start
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Service Center Name \_\_\_\_\_

Service Center Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Is this a mobile service center? ☐ Yes ☐ No      If yes, from which fixed center? \_\_\_\_\_

If mobile, will this service center operate at the same time as the fixed center? ☐ Yes ☐ No

All ignition interlock device(s) to be merchandised at this center is (are):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Reference sample device(s) to be used is (are):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Hours of operation:

**Monday** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.      **Tuesday** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
**Wednesday** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.      **Thursday** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
**Friday** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.      **Saturday** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.      **Sunday** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

**The undersigned hereby acknowledges permission from the IID manufacturer to vend the IID described by this application.**

The undersigned *has read and understands* the Texas IID Regulations, in particular §19.27 (relating to Certification and Inspection of Service Centers), and agrees to conform to and abide by any policies or directives issued or to be issued by the department. Failure to comply may result in the inactivation, suspension or revocation of the certification of the service center or its service representatives.

Furthermore, the undersigned shall indemnify and hold harmless the State of Texas, the department and its officers, employees and agents from all claims, demands and actions, as a result of damage or injury to persons or property which may arise, directly or indirectly, out of any act or omission relating to the installation, service, repair, use and/or removal of an IID.

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Date

<b>FOR DPS USE ONLY</b>		
Date Inspected _____	Auditor/Inspector Signature _____	Auditor ID# _____
Appointment 1 _____	Appointment 2 _____	Appointment 3 _____
Service Center ID# _____	Region # _____	For DPS HQ Use Only – C-date _____